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Certified Mail Fee \$ 11.90

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage \$ \_\_\_\_\_

**Total Postage** \$ \_\_\_\_\_

Sent To Erik Salaiz

Street and Apt. 319 Valley Fair Way

City, State, Zip El Paso, TX 79907

3:22-cv-300-KC Doc. 12 (dt)

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions